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CONFIRMATION NO. 2441

<b>SERIAL NUMBER</b> 10/065,595	<b>FILING OR 371(c) DATE</b> 11/01/2002 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 125974
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## APPLICANTS

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## CONTINUING DATA \*\*\*\*\*

*ll (none) This application 10/065595 claims benefit of 60/385,749 filed June 4, 2002*

## FOREIGN APPLICATIONS \*\*\*\*\*

*ll (none)*

## REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

1/12/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 6	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 4
5 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Examined and Acknowledged <i>ll</i> Examiner's Signature _____ Initials _____				

## ADDRESS

3413

## TITLE

## METHOD AND APPARATUS FOR MEDICAL INTERVENTION PROCEDURE PLANNING

<b>FILING FEE RECEIVED</b> 1508	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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